



**MCOLES**  
Michigan Commission on Law Enforcement Standards

927 Centennial Way  
Lansing, MI 48913  
Michigan.gov/MCOLES  
517-636-7864

[MSP-MCOLES@michigan.gov](mailto:MSP-MCOLES@michigan.gov)

# **Recognition of Prior Basic Training and Experience**

## **Application Packet**

## Application Requirements

All applicants for the Recognition of Prior Basic Training and Experience program are required to complete and submit the enclosed application forms to:

Michigan Commission on Law Enforcement Standards  
927 Centennial Way  
Lansing, MI 48913  
517-636-7864

### **INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED TO THE APPLICANT**

**The application fee will not be refunded.**

**All completed applications will be reviewed by MCOLES staff and rejected, approved or denied. The completed original application must be APPROVED by the Commission no later than TWO (2) weeks prior to the start of the program.** Application packets and supporting documents **must** be on original forms.

These instructions are to be used as a guide and DO NOT replace statutory requirements, administrative rules, or additional instructions as laid out by MCOLES staff or instructions provided within the application.

### **Michigan Commission on Law Enforcement Standards Application Review and Notification**

Approval to the RPTE program is not guaranteed. Commission staff will review all applications submitted for the Recognition of Prior Basic Training and Experience process and notify the applicant if approval is granted. Once the notification has been received, it is the responsibility of the applicant to contact the facility that is providing the program or test they desire to attend. A listing of training and testing facilities and schedule will be forwarded with the approval letter.

The Commission has the authority to thoroughly investigate, or cause an investigation to be conducted, on any applicant for compliance with the MCOLES Act, Administrative Rules, or the Commission's policies and procedures (R 28.14602).

A complete application packet consists of, but is not limited to, the following:

#### **1. Application Documents for Licensing Based Upon a Recognition of Prior Basic Training and Experience:**

All applicants shall complete the application packet, which includes the following documents:

1. Recognition of Prior Basic Training and Experience Application
2. Livescan Fingerprint Background Check Request (RI-030)
3. [Candidate's Personal History Statement and Affidavit](#)
4. MCOLES Waiver & authorization for release of information

#### **All applicants must submit the following with their application packet:**

1. Verification of basic training and licensure from your state standard-setting board (POST) (out of state applicants only)
2. Original employment letters from **ALL** law enforcement agencies where you worked as a fully-empowered police officer
3. The application fee (if applicable - see below).

All application packets must be completed down through the signature line. DO NOT leave an application answer blank. If an application packet question does not pertain to you place "N/A" in the response.

MCOLES staff upon reviewing your application may request additional documentation. If your application is incomplete or you fail to respond to MCOLES staff your application will be purged after 90 days. If this occurs, you will be required to reapply with the full application fee and requirements.

## 2. Non-refundable Application Fee:

Please make a check or money order out to the 'State of Michigan' and submit it with your application. MCOLES can only accept check or money order payments. [Visit this webpage for the application fee breakdown.](#)

**\*\*\*APPLICATIONS SUBMITTED WITHOUT THE APPLICABLE APPLICATION FEE WILL NOT BE CONSIDERED\*\*\***

## 3. Fingerprint processing:

### **All applicants -**

You MUST be fingerprinted as part of the application process to the Recognition of Prior Basic Training and Experience (RPTE) program. Failure to be properly fingerprinted will result in a denial of your application to the RPTE program. ALL RPTE program applicants shall have a fingerprint based criminal history search completed.

All applicants (Michigan and Out of State) must complete and sign the Livescan Fingerprint Background Check Request form (RI-030) and return it to MCOLES with your application.

### **IF YOU ARE ABLE TO BE FINGERPRINTED INSIDE OF MICHIGAN:**

You must complete, print and sign the attached Livescan Fingerprint Background Check Request form (RI-030). Take the Livescan Fingerprint Background Check Request form (RI-030) to an [approved Livescan vendor](#) to be fingerprinted. You must use one of these approved vendors, **DO NOT** go to a law enforcement agency to be fingerprinted for this program.

Failure to submit your Livescan Fingerprint Background Check Request form (RI-030) to MCOLES with your application will delay or prevent enrollment in the program.

### **IF YOU ARE AN OUT OF STATE APPLICANT WHO CANNOT BE FINGERPRINTED INSIDE THE STATE OF MICHIGAN:**

You must complete, print and sign the attached Livescan Fingerprint Background Check Request form (RI-030). Attach your completed and signed RI-030 to your completed application. This will not cause your fingerprints to be searched for criminal history purposes, so you must follow the additional instructions below.

For MCOLES to review your fingerprint criminal history response you must be fingerprinted by one of two Livescan vendors that offer non- Michigan resident fingerprinting. These vendors are:

IdentoGO: <https://www.identogo.com/>

BGI Associates LLC: <https://www.bgiassociates.com/>

You must follow the instructions provided by Identogo or BGI Associates LLC. You will complete the online form for either vendor, print that form and take it to one of their Livescan locations. You must request a fingerprint card from the Livescan vendor. Out of State applicants cannot have their fingerprints submitted electronically. Once you receive your fingerprint card follow the instruction provided by Identogo or BGI Associates LLC for submittal of the fingerprints. Each vendor's instructions are located here:

IdentoGO:

[https://www.identogo.com/uploads/general/NonResidentCardScanInstructionsMichigan\\_Dual-Options\\_20210310.pdf](https://www.identogo.com/uploads/general/NonResidentCardScanInstructionsMichigan_Dual-Options_20210310.pdf)

BGI Associates LLC:

<https://nebula.wsimg.com/21c192343c1ef4f95a5d37217ea7655c?AccessKeyId=E13FE0846BE349982B70&disposition=0&alloworigin=1>

\*\*\*Please note that IdentoGO requires you to complete and pay for the fingerprinting services online before you are fingerprinted. Please review the IdentoGO instructions prior to being fingerprinted\*\*\*

Individuals who cannot be fingerprinted in Michigan may contact MCOLES at 517-636-7864 for additional instructions.

#### **4. Verification of Training and Certification:**

All out-of-state and tribal applicants must provide verification of successful completion of basic police training and status as a licensed law enforcement officer with at least 2080 hours of certified or licensed employment as a law enforcement officer.

This verification must be official written confirmation from the appropriate state standards-setting agency (POST Agency) in the applicant's respective state or the Bureau of Indian Affairs. **A copy of a training certificate will not fulfill this requirement.**

Previously Michigan licensed officers and pre-service candidates do not need to supply this information; MCOLES has this on file.

#### **5. Verification of Employment:**

All applicants must provide written documentation from their previous employing law enforcement agency(s) verifying their prior employment as a certified or licensed law enforcement officer and the hours in which they were employed as a certified or licensed law enforcement officer.

This verification must meet **ALL** the following requirements:

1. Previous employing law enforcement agencies must submit an original letter **DIRECTLY** to MCOLES, on the agency's letterhead, indicating the following:
  - a. The employee's name and identifying information
  - b. The exact dates of employment
  - c. Whether employed full-time or part-time, if part-time the hours worked, and the capacity in which the applicant was employed (see the attached "SAMPLE EMPLOYMENT LETTER").
  - d. Employment letters **MUST** be signed by the head of the agency or the director of Human Resources.
2. If employed by more than one law enforcement agency, a letter from each agency must be submitted.

**Applications submitted without employment verification WILL NOT be processed. The employment letter must indicate the standing in which the employee separated or current employment status.**

## Program/Testing Requirements

### The Program:

The MCOLES has set guidelines which govern the preparatory program for the Recognition of Prior Basic Training and Experience Examination Process. This program is currently 60+ hours in length and is designed to update the participant in the areas of Michigan's Motor Vehicle Code, Criminal Law and Procedure, First Aid/CPR Certification, and the legal aspects of the use of force in the area of Precision Driving.

The program also provides the participant with a minimum of eight (8) hours of firearms range time with Commission recognized firearms instructors to familiarize the participant with the handgun, shotgun and patrol rifle assessment courses of fire. The time on the range is **NOT** designed for the participants to receive basic firearms instruction. Therefore, the participant should come to the program as if they were prepared to qualify on all courses. An outline of the courses of fire will be included with the approval letter.

The preparatory program is **mandatory** for pre-service and tribal participants only. However, attendance at a program is strongly suggested for all candidates to ensure successful completion of the examinations.

### Important:

All Recognition of Prior Basic Training and Experience (RPTE) candidates are required to pay for the licensing exam fee separately. This must be done by contacting Talogy at [www.pbstesting.com/mcoles\\_cert](http://www.pbstesting.com/mcoles_cert) no later than five (5) business days prior to the start of the program. Talogy accepts visa, mastercard (debit or credit), or money orders. If you are paying by money order, you must submit payment to Talogy ten (10) business days prior to the start of the program. If you are having difficulty registering for the exam, please call Talogy at 877-422-4092.

### The Examinations:

#### Firearms:

Participants must qualify at each stage of fire on the handgun, shotgun and patrol rifle assessment course of fire. In the event the candidate does not pass all stages of the handgun, shotgun and patrol rifle in the first assessment, the candidate must successfully complete the failed portion of the course of fire on a second assessment. Passing the firearms assessment is mandatory prior to taking the licensing examination. If the candidate fails the second assessment, the candidate must successfully complete the remedial firearms program before being allowed to take the licensing exam.

#### Licensing Exam:

Participants are required to obtain a passing score on the licensing examination. Participants who fail the licensing exam will be given one opportunity to retest. A candidate who does not obtain a passing score on the retest must enroll in and complete a mandatory basic police training academy in order to be eligible for law enforcement licensing in Michigan.

#### Assessment and Examination Results:

All participants will be advised of their status in the firearms skill assessment as it transpires. Licensing examination results will be available online through Talogy [www.pbstesting.com/mcoles\\_cert](http://www.pbstesting.com/mcoles_cert) 24 hours after completing the exam. Candidates should not call the Commission for results. An employing agency can access the eligibility status of a candidate by using the MCOLES Information and Tracking Network (MITN).

#### First Aid Requirements:

All candidates in the Recognition of Prior Basic Training and Experience (RPTE) process are required to possess or obtain the following first aid and CPR certifications. Training for these certifications may be obtained at any Michigan Chapter of the American Red Cross or through a program offered at an MCOLES approved RPTE site.

**Proof of first aid and CPR certifications (cards) will be checked at the licensing examination.**

#### Minimum Requirements:

- Standard First Aid Card **and** Basic Life Support for the Professional Rescuer/Health Care Provider Card (Adult, Child and Infant CPR); **or**
- 43.5 hours Emergency Response Training; **or**
- EMT/Paramedic license in the State of Michigan.



**RECOGNITION OF PRIOR BASIC TRAINING AND  
EXPERIENCE APPLICATION 927 Centennial Way,  
Lansing, MI 48913  
517-636-7864**

**INSTRUCTIONS: A DUPLICATION OF THIS APPLICATION OR AN APPLICATION WITH CORRECTED ENTRIES WILL NOT BE ACCEPTED. APPLICATIONS MUST BE APPROVED BY THE COMMISSION NO LATER THAN 2 WEEKS PRIOR TO START OF THE PROGRAM OR TEST, WHICHEVER COMES FIRST. YOU MAY USE A TYPEWRITER OR PRINT LEGIBLY.**

1. NAME: LAST		FIRST	MIDDLE	2. SOCIAL SECURITY NO.*	3. GENDER	4. BIRTHDATE
5. HOME ADDRESS NO. STREET CITY STATE ZIP				HOME PHONE		
DRIVER'S LICENSE NUMBER:		ISSUING STATE	E-MAIL:		CELL PHONE	
6. RELATIVE OR FRIEND TO NOTIFY IN CASE OF EMERGENCY:			RELATIONSHIP		PHONE	
7. NAME OF TRAINING ACADEMY ATTENDED				DATES OF ACADEMY TRAINING		
				FROM:		TO:
8. NAME OF SECOND TRAINING ACADEMY ATTENDED (IF APPLICABLE)				FROM: TO:		
9. DATE OF STATE RECOGNIZED LICENSURE		STATE		TOTAL MONTHS/YEARS EMPLOYED AS POLICE OFFICER		
10. HAVE YOU EVER APPLIED FOR/TAKEN THE MICHIGAN RECOGNITION OF PRIOR BASIC TRAINING AND EXPERIENCE EXAMINATION?						
<input type="checkbox"/> YES <input type="checkbox"/> NO						
11. I HAVE READ THE MINIMUM SELECTION & EMPLOYMENT STANDARDS (SEE LINK) & REASONABLY EXPECT I CAN MEET THE STANDARDS.						
<input type="checkbox"/> YES <input type="checkbox"/> NO						
12. HAVE YOU ENCLOSED THE FOLLOWING?				<b>MCOLES USE ONLY</b>  A. COMP _____  B. PROOF OF CRIMINAL HISTORY REPORT _____  C. POST INFORMATION _____  D. EMPLOYMENT LETTERS _____  E. APPLICATION FEE _____  CHECKED IN MITN _____  APPROVED _____  DENIED _____		
A. COMPLETED APPLICATION, RELEASE OF INFORMATION & PERSONAL HISTORY STATEMENT & AFFIDAVIT <input type="checkbox"/> YES						
B. SUBMIT FEE IN CHECK OR MONEY ORDER <input type="checkbox"/> YES						
C. LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST FORM (FORM RI-030) <input type="checkbox"/> YES						
D. VERIFICATION OF BASIC TRAINING AND LICENSURE FROM STATE STANDARD-SETTING AGENCY (OUT-OF-STATE APPLICANTS ONLY) <input type="checkbox"/> YES						
E. ORIGINAL EMPLOYMENT LETTERS FROM ALL PREVIOUS LAW ENFORCEMENT EMPLOYERS. THE LETTER/S <b>MUST</b> STATE YOUR STANDING AT THE TIME OF YOUR SEPARATION OR CURRENT STATUS. (SEE SAMPLE EMPLOYMENT LETTER) <input type="checkbox"/> YES						
SIGNATURE _____				DATE _____		

\* THIS INFORMATION IS CONFIDENTIAL. DISCLOSURE OF CONFIDENTIAL INFORMATION IS PROTECTED BY THE FEDERAL PRIVACY ACT.

AUTHORITY: 1965 PA203  
 COMPLIANCE: Required  
 PENALTY: No enrollment/licensure

## LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

**Instructions:** See page two.

<b>I. Authorizing Information</b>							
1. Fingerprint Reason Code <b>LEA</b>	2. Requestor/Agency ID <b>77062H</b>	3. Agency Name <b>MCOLES</b>			4. Individual ID (MNU-OA) <b>RPTE</b>		
<b>II. Applicant Information:</b> Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name			1b. First Name			1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases					3. Social Security Number (Optional)		
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State	
9. Home Address			10. City			11. State	12. ZIP Code
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color		18. Hair Color	
<b>III. Live Scan Information</b>							
1. Date Printed	2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Live Scan Operator*		
* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.							
<b>IV. Privacy Act Statement</b>							
<p><b>Authority:</b> Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p><b>Principal Purpose:</b> Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p><b>Routine Uses:</b> During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
<b>V. Procedure to Obtain a Change, Correction, or Update of Identification Records</b>							
<p>If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)</p>							
<b>VI. Consent</b>							
<p>I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p>							
Signature:						Date:	

## INSTRUCTIONS

### Section I:

#### Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

**1. Fingerprint Code:**

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

**2. Requesting Agency Identification (ID):**

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

**3. Agency Name:**

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

**4. Individual ID (MNU-OA)**

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

### Section II:

#### Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

### Section III:

#### Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

**AGENCY LETTERHEAD**  
NAME OF AGENCY STREET  
ADDRESS CITY, STATE, ZIP  
PHONE NUMBER

# Sample Employment Letter

(DATE)

Michigan Commission on Law Enforcement Standards  
Standards Compliance Section  
927 Centennial Way  
Lansing, MI 48913

To Whom It May Concern:

(CANDIDATE'S NAME), (SS#), was employed with the (NAME OF THE AGENCY) as a full-time (part-time) police officer from (DATE) to (DATE). \* While employed with us, (CANDIDATE'S NAME) had full arrest powers to enforce the general criminal laws of (STATE) and was paid at least a minimum wage for all hours worked. (CANDIDATE'S NAME) duties were/are as follows: (LIST DUTIES). \*\*

(CANDIDATE'S NAME) resigned (retired or is currently employed) from the Department in good standing (or provide reasons in detail for separation other than good standing). \*\*\*

If you have any further questions in regard to (CANDIDATE'S NAME), please contact (NAME OF PERSON TO CONTACT) at (PHONE NUMBER).

Sincerely,

*(Signature of agency head or the director of Human Resources)*

**(NAME OF AGENCY HEAD and TITLE or the NAME OF THE DIRECTOR OF HR AND TITLE)**

\* If the applicant is part-time, please make sure that you indicate the total number of hours he/she worked in a fully empowered capacity.

\*\* If the applicant is a Sheriff's Office employee, please indicate the capacity he/she was employed (i.e., road patrol, corrections, etc.) and how long he/she was employed in each capacity.

\*\*\*This letter MUST state the status of the candidate at this time or at the time of separation.